PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION NO. F.		G DATE FIRST NAMED IN		VENTOR ATTORNEY D		OCKET NO. CO		NFIRMATION NO.	
10/540,128 06/2		1/2005	Toshiharu IWA	SAKI	KI Q74675			8881	
TITLE OF INVENTIO	N: MEDICAL CON	TT AINER							
APPLN. TYPE	SMALL ENTITY	_		ION PR	EV. PAID ISSUE FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510.00	\$300.00		\$0.00	\$1,810.00)	06/30/2009	
EXAMINER			ART UNI	T	CLASS-SUBCLASS				
V	1794	•	428-035700						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363					nting on the patent front pa	age list 1	Sugl	nrue Mion, PLLC	
\Box Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be					
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRIN	TED ON THE PAT	printed. ENT (print	or type)				
	ss an assignee is ide	ntified below, no ass	ignee data will appe	ear on the pa	atent. If an assignee is ide	entified below, th	e docur	nent has been filed for	
(A) NAME OF ASSIG		DENCE: (CITY and		_	C				
HOSOKAWA YOKO	CO., LTD.	Tokyo,	Japan						
Please check the approp	oriate assignee categ	ory or categories (wi	ll not be printed on t	he patent): [□ Individual ☑ Corporati	on or other priva	te group	entity □ Government	
4a. The following fee(s) are submitted:			4b. Paymer	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☑ Issue Fee			☐ A check	☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)			☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # of Copies				\blacksquare The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19\text{-}4880}$.					
		☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.							
5. Change in Entity Stat	tus (from status indi	cated above)							
☐ a. Applicant claims S	SMALL ENTITY sta	ntus. See 37 CFR 1.2	7. □ b. Appli	cant is no lo	onger claiming SMALL E	NTITY status. S	ee 37 C	FR 1.27(g)(2).	
The Director of the USI	PTO is requested to a	pply the Issue Fee a	nd Publication Fee (i	fany) or to	re-apply any previously pa	aid issue fee to th	e applic	ation identified above.	
NOTE: The Issue Fee a party in interest as show					han the applicant; a regist	ered attorney or	agent; c	r the assignee or other	
Authorized Signature		Bruce E. Kramer/		Date	June 19, 2		2009		
Typed or Printed Name	. 1	Bruce E. Kramer		Registration	on No.	33,725			